**SALISBURY DISTRICT HOSPITAL:** **COVID 19 End of life medications (to be used with Personalised Care Framework)** Version Mar2020 DR

| Surname: | Hospital number: | Allergies: |
|---|---|---|
| First Name: | Date of birth: | Consultant: |

| Medicine | | | | Date | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LEVOMEPROMAZINE** | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | | | |
| 12.5-25mg | *prn* | s/c | | | | | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | | | |
| ***Agitated delirium*** | | 200mg | | | | | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | | | |
| **MORPHINE SULPHATE** *(see below) | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | | | |
| 2.5-5mg | 1 hrly *prn* | *s/c* | | | | | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | | | |
| ***Breathlessness/Pain*** | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | | | |
| **MIDAZOLAM** | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | | | |
| 2.5-5mg | *prn* | *s/c* | | | | | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | | | |
| ***Breathless/delirium*** | | 60 mg | | | | | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | | | |
| **CYCLIZINE** | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | | | |
| 50 mg | *prn* | *s/c* | | | | | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | | | |
| ***Nausea/vomiting*** | | 150 mg | | | | | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | | | |
| ***GLYCOPYRRONIUM*** | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | | | |
| 200 mcg | | *s/c* | | | | | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | | | |
| ***Resp. secretions*** | | 1.2 mg | | | | | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | | | |

*** Note: Caution in renal failure and the frail elderly. Consider Oxycodone 1-2 mg SC PRN in pts with significant renal impairment showing signs of opioid toxicity.**

SALISBURY DISTRICT HOSPITAL:

# COVID 19 End of life medications (to be used with Personalised Care Framework)

Version Mar2020 DR

| | | |
|---|---|---|
| Surname: | Hospital number: | Allergies: |
| First Name: | Date of birth: | Consultant: |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | |
| Medicine | | | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Frequency | Route | Pharmacy | Time | | | | | | | | | | | | | | | | | | |
| Indication | | Max Dose in 24 hrs | | Dose | | | | | | | | | | | | | | | | | | |
| Signature plus Bleep no. | | | Start date | Signat. | | | | | | | | | | | | | | | | | | |